



PRINCE
AVENUE CHRISTIAN SCHOOL



Credit Card Authorization Form

Student Name: _____

Authorization of Credit Card

I authorize Prince Avenue Christian School to initiate credits to my:

- American Express MasterCard Visa

Payment Authorization

- One-Time payment Recurring Payments

for the following (check all that apply):

- Tuition Tuition plus \$ _____ for lunch
- Balance on my bill on the 5th of the month. Other. Please specify: _____

Authorization Signature

I acknowledge that the origination of these credit card transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Signature

Date

Credit Card Information

This information will remain on file in the Prince Avenue Christian School Business Office until notified by the cardholder in writing. This form must be resubmitted when the credit card expires.

Name on Credit Card: _____ Contact Phone: No: _____

Account Number:

Expiration Date Mo/Yr: _____ Cardholder Zip Code: _____

This form may be submitted by fax to 678-753-3028, or in person at the Prince Avenue Christian School Main Office.